

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1570

FILED FEB 12 1951

BIRTH NO.		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3029		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY JEFFERSON, at HOME b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRYSTAL CITY c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRYSTAL CITY, MISSOURI d. STREET ADDRESS (If rural, give location) 7144 VIRGINIA AVE.			
3. NAME OF DECEASED (Type or Print) FRANK XAVIER HUBER		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) FEB 3 1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 13, 1870	
9. AGE (In years last birthday) 80		10. MONTHS 10		11. DAYS 20		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS MAN				10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (State or foreign country) ZELL, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? AMERICA							
13a. FATHER'S NAME FRANK X. HUBER		13b. MOTHER'S MAIDEN NAME URSULE BIESER		14. NAME OF HUSBAND OR WIFE LYDIA HUBER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WEINGARTEN MO. MRS. ANNA HOGENMILLER			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular renal Disease.				INTERVAL BETWEEN ONSET AND DEATH 30-40 years.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) 742X			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Papillitis of urinary bladder Several years.			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-16, 1949, to 2-3, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Crystal City, Mo.				23b. ADDRESS		23c. DATE SIGNED 2-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 6, 1951		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY WEINGARTEN MO.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-3-51		REGISTRAR'S SIGNATURE Eleanor R. Depo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. Cady, CRYSTAL CITY, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Schubert

FEB 5 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 2-7-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 43095

P. O. Address Capital City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.